

KANSAS WING CIVIL AIR PATROL

A/C TAIL NUMBER: N

MONTH: _____

YEAR: _____

MONTHLY AIRCRAFT UTILIZATION REPORT

Mission Code/Description	Corp. Hobbs	POA Hobbs
AFAM-USAF Reimbursable:		
A1 AFRCC SAR mission		
A2 AFNSEP mission		
A3 Counterdrug mission (actual)		
A4 Counterdrug mission (training)		
A5 SAR/DR training; Eval missions; CAPR 123-3 inspections		
A6 AFROTC orientation flights (including ferry)		
A7 CAPF 5 / 91 evals; NCPSC; CAPR 60-11		
A9 Maintenance flights in support of CMCP		
A15 CAP Cadet Orientation Flights IAW CAPP 52-7		
A18 Homeland Security Missions		
A20 Glider tow plane operations supporting CAPP 52-7		
A99 Missions specifically approved by the AF		
A911 Mission requiring prompt action		
AFAM-USAF Non-Reimbursable:		
<i>(May be reimbursed by non-AF agencies)</i>		
B8 Flights flown for and funded by the American Red Cross		
B9 Maintenance flights: A/C delivery & PU (not CMCP)		
B10 FEMA missions		
B11 NOAA & NWS missions		
B12 Proficiency flights by qualified SAR/DR/CD mission pilots		
B13 Support to relief agencies with an AF approved MOU		
B14 Support to State, County, Local agencies (AF/XOS-HA)		
B15 CAP Cadet O-Flights (non-AF funded)		
B17 CAPF 5 / 91s; NCPSC; Flight clinics with an AFAM #		
B18 Homeland Security Missions		
B20 Glider tow plane operations (non-AF funded)		
B99 Other missions specifically approved by the AF		
CAP Corporate Missions:		
C8 Flights to/from squad. or higher official conf/meeting		
C9 Maintenance flights (inc. A/C del. & PU)		
C14 Support to state, county, & local agencies (non-AFAM)		
C16 Cadet flights: training; encampments; IACE		
C17 CAPFs 5 & 91, proficiency, & training flights (non-AFAM)		
C18 Homeland Security Missions (non-AFAM)		
C19 Orientation flights for CAP AE members		
C20 Glider tow plane flights for non-USAF missions		
C99 Other missions approved by NHQ / NCR / Wing CC		
C911 Missions requiring prompt action		
Other:		
L1 USAF liaison personnel flying		
TOTAL FLYING HOURS THIS MONTH:		
AIRCRAFT DOWN TIME: If A/C was out-of-service during the month, list the reason(s) why and the number of days below:		
Reason:	Days Out:	
1		
2		

Form completed by: _____

Distribution: 1 ea.---KSWG/LGM; KSWG/FM; Unit A/C Utilization file
Report and payment (if any) due NLT the 5th of each month.

Unit Name: _____

Unit Charter #: _____

A/C Type: _____

A/C Location: _____

Hangared _____ **Tied Down** _____

A/C Condition: _____ **Excellent**

List Date of Last: _____

Annual Inspection		Tach:	
100 Hr. Inspection		Tach:	
Oil Change		Tach:	
Pitot/Static Check			
Altimeter Check			
Transponder Check			
Corrosion Treatment			

ELT Battery Replacement Due: _____

CORPORATE AIRCRAFT TIME SUMMARY

	TACH	HOBBS
Ending Time:		
Beginning Time:		
Total for Month:		

Total Month's Flight Time (Hobbs): _____

All 'A' Missions:	
All Reimbursed 'B' Missions:	
All Reimbursed 'C' Missions:	
Total Reimbursed Hours:	

All Non-Reimbursed 'B' Missions:	
All Non-Reimbursed 'C' Missions:	
Total Non-Reimbursed Hours:	

Total Hours to be Paid: (Total Mo. Flight Time - Reimbursed Hours)	
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C-172 Hourly Rate (\$30.)	
C-182 Hourly Rate (\$41)	

Total Minor Maintenance Rate	
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Total Fuel Cost:	
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Amount Due KSWG---Attach Check (Total Hours to be Paid x A/C Hourly Rate + Total Fuel = Amount Due KSWG)	
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